

FUN FUND REIMBURSEMENT REQUEST

Top Portion to be completed by student seeking reimbursement:

Name of FUN Fund Applicant: _____

Student ID #: _____

Name of Person Seeking Reimbursement *(if different from original applicant):*

Student ID #: _____

Year: _____ **Email:** _____

Please note that only one reimbursement payment will be processed. If multiple people were involved in your FUN, please decide who you would like to be reimbursed and have that person will distribute the funds to the others involved.

Campus Mailbox #: _____

If you have a direct deposit account set up with Stonehill College, your reimbursement will be deposited into that account. Otherwise, a paper check will be sent to your campus mailbox. If you would like your reimbursement sent somewhere other than your campus address, please indicate where you would like the reimbursement sent *(please note it may take about 2 weeks for the reimbursement to be processed):*

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Comments/notes/explanations: _____

PLEASE ATTACH THIS FORM TO YOUR RECEIPTS AND SUBMIT TO THE OFFICE OF STUDENT AFFAIRS IN DUFFY 146.

Bottom Portion for official use by FUN Fund Committee:

Total Budget Approved by Committee: _____

Copy of Receipts enclosed? _____ Copy of Application? _____

Total of Receipts: _____

FUN FUND WILL REIMBURSE STUDENT: _____ TOTAL

Submitted by: _____
Cathy Jones, Student Affairs

Date

Kevin Piskadlo, Dean of Students/Designee

Date